



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS
POST OFFICE BOX 480 JEFFERSON CITY, MISSOURI 65102-0480
(573) 522-8315 or (573) 522-8316

**APPLICATION FOR SUBSTITUTE CERTIFICATE OF LICENSE TO TEACH
OPEN RECORDS CHECK**

S

SECTION I: TO BE COMPLETED BY APPLICANT.

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		<input type="checkbox"/> Two (2) fingerprint cards along with a \$38.00 check payable to: Treasurer, State of Missouri, is required.
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		
ALL MAIDEN/FORMER NAMES		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H () W ()

B. LIST ALL COLLEGES/UNIVERSITIES YOU HAVE ATTENDED. SUBMIT TRANSCRIPTS FOR PROOF OF 60 CREDIT HOURS.

DATE	COLLEGE/UNIVERSITY	CREDIT HOURS EARNED OR ANY DEGREE(S) RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. PROFESSIONAL LICENSE, CERTIFICATE, PERMIT, CREDENTIAL, REGISTRATION, OR ENDORSEMENT IN MISSOURI OR OTHER STATE.

STATE	DATES HELD	TYPE OF PROFESSIONAL LICENSE, CERTIFICATE, PERMIT, CREDENTIAL, REGISTRATION OR ENDORSEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED).

Applicants must submit two (2) fingerprint cards along with a \$38.00 check payable to "Treasurer, State of Missouri" to the Missouri Department of Elementary and Secondary Education, Conduct and Investigations, Post Office Box 480, Jefferson City, Missouri 65102-0480 for each substitute certificate requested.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
A. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View Social Security Number Disclosure Notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUUsage.htm>

E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE ⇒	DATE
----------------------------	------

**THIS FORM SHOULD BE RETAINED BY THE DISTRICT FOR AUDITING PURPOSES
ORIGINAL SIGNATURE REQUIRED—NO FAXES OR PHOTOCOPIES.**